

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-006

2. STATE
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
04-02-2003

5. TYPE OF PLAN MATERIAL (Check One):

RECEIVED

☐ NEW STATE PLAN

JUN 27 2003

AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 (\$ 00.00) FFP cost
b. FFY 2004 (\$ 00.00) FFP cost

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A Program Description, Section 4.b.xvii (P+I)
Attachment 3.1.A Program Description, #10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1A Program Description, Section 4.b.xvii (P+I)
Attachment 3.1.A. Program Description, #10

10. SUBJECT OF AMENDMENT:

#10. Adds dental services for adults who are determined to be high risk clients by their dental providers. Defines emergency dental services and high risk clients. #4.b.xvii moves children's dental services to the EPSDT section of State Plan. (P+I)

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Karl B. Kurtz

13. TYPED NAME:
KARL B. KURTZ

14. TITLE:
Director

15. DATE SUBMITTED: June 25, 2003

16. RETURN TO:

Randy May, Interim Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 27 2003

18. DATE APPROVED: AUG 15 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APR - 2 2003

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME:
Karen S. O'Connor

22. TITLE:
Associate Regional Administrator

23. REMARKS:

Pen and Ink changes authorized by the state or Children's Health

FOOTNOTED: 6/26/03

Boise
Idaho (03-006)
Approved: 08/15/03
Effective: 04/02/03

- TN# 03-006
Approval Date _____
Supersedes TN# 01-011
Effective Date _____

9. d. (v) The medical necessity for diabetic education and training are evidenced by the following:
 - (a) a recent diagnosis of diabetes within ninety (90) days or enrollment with no history of prior diabetic education; or,
 - (b) uncontrolled diabetes manifested by two or more fasting blood sugar of greater than one hundred forty milligrams per decaliter (140 mg/dL), hemoglobin greater than eight percent (8%), or random blood sugar greater than one hundred eighty milligrams per decaliter (180 mg/dL), in addition to manifestations, or
 - (c) recent manifestations resulting from poor diabetes control including neuropathy, retinopathy, recurrent hypoglycemia, repeated infections, or non-healing wounds.
 - (vi) Diabetes education and training services will be limited to twenty-four (24) hours of group sessions and twelve (12) hours of individual counseling every five (5) calendar years.
10. Dental Services: Dental services for persons who are past the month of their twenty-first (21st) birthday and without eligibility restrictions include preventative, restorative, and denturist services. Covered adult dental services are listed in Rules Governing Medical Assistance Sections 913 through 916. Dental services for adults are only covered for adults who are in need of emergency dental services, or considered high risk. Based on the criteria listed below in a. and b., the client's dentist or oral surgeon will make the determination of whether that client is considered to be in need of emergency dental services or is a high risk client.
 - a. Emergency dental services are defined as those necessitated by an unforeseen, sudden, or acute onset of symptoms or injuries requiring immediate dental intervention, and if treatment is delayed, may jeopardize or cause permanent damage to a person's oral or medical health.
 - b. High risk clients are defined as persons who are in need of dental intervention because infection or advanced treatment needs represents a significant risk to their physical health, or who are at considerable risk for rapidly advancing dental disease and significantly increased emergency or acute care without the preventative and restorative dental services, or who have tooth and gum conditions who are at risk for periodontal infection likely to lead to bacteremia or other serious health concerns.

Dental services for women on the Pregnant Women and Children (PWC) Program are listed in Rules Governing Medical Assistance Section 912.

Dental Services Limitations: All covered dental services, limitations on specific services, excluded services, billing codes and payment policies are stated in the Rules Governing Medical Assistance 16.03.09 sections 900 through 916. A dental consultant will review requests for prior authorization, with accompanying documentation, to determine approval or denial. Procedures not recognized by the American Dental Association are not covered.

TN# 03-006
Approval Date _____
Supersedes TN# 02-011
Effective Date _____